

Cambridge License Commission Complaint Form

831 Massachusetts Ave CAMBRIDGE MA 02139-3068

Phone: 617.349.6140 Fax: 617.349.6148 TTY: 617.349.6112

ID# _____
Staff _____
Open Date _____
Close Date _____
Disposition _____

Complainant	Defendant
Name	Name
Address	Address
Home Phone	Business Phone
Work Phone	Owner/Manager

Type of Complaint: (Check applicable categories)

1. _____ Failure To Comply With License Obligation
2. _____ Criminal Acts On/Near Premises
3. _____ Hackney (Taxi) Violation
4. _____ Noise Ordinance Violation
5. _____ Other

Incident/Occurrence:

Date: ____/____/____ Time: _____ Location: (check one) Complainant's Premises _____
 Defendant's Premises _____ Other (be specific): _____

Were police notified? (y/n) _____ If yes: Date: _____ Time: _____

Brief summary of the nature of your complaint: (A detailed account may be provided on the next page):

What outcome do you seek? (i.e. put on record, investigate, correction, license hearing, other)

If this is a Hackney (taxi) complaint:

Please provide description of vehicle/person on the next page

Medallion# _____ RMV Plate # _____ Taxicab Co. Name _____

Hackney License # _____ Driver's Name _____

[illegible]

Complainant's Signature: _____ **Date:** _____

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